

7805

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County Graham State Arizona
District or Township Safford or Village _____
City Safford No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

State File No. 95
Local Registrar's No. 86

2. FULL NAME

Robert Luther McAllister
(a) Residence, No. Safford, Ariz. St. _____ Ward _____
(If non-resident, give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED. Married
(Write the word)

5a. If married, widowed, or divorced
HUSBAND of Ida McAllister
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Mar 18, 1865

7. AGE Years 76 Months 5 Days 8 IF LESS than 1 day _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Rancher
(b) General nature of industry, business or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ky.

10. NAME OF FATHER Robert McAllister

11. BIRTHPLACE OF FATHER (State or country) unknown (city or town)

12. MAIDEN NAME OF MOTHER Lucinda Hendrix

13. BIRTHPLACE OF MOTHER (State or country) unknown (city or town)

14. Informant Luther McAllister
(Address) Mesa Arizona

15. Filed 9/8/31 1931 J. M. Statton
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug. 25 1931
Month Day Year

17. I HEREBY CERTIFY, That I attended deceased from July 13, 1931 to Aug 11, 1931
that I last saw him alive on 8/11-31, 1931,
and that death occurred, on the date stated above, at 10 P.m.
The CAUSE OF DEATH* was as follows:

Enlargement of Liver
(Alcoholism)

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. mos. ds.

18. Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) J. M. Statton M. D. 1931 (Address) Safford

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Safford, Ariz.

DATE OF BURIAL

Aug 27-31

20. UNDERTAKER

ADDRESS

W. C. Rawson Safford